

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 393303	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/24/2023
NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 500 WEST BUTLER AVENUE CHALFONT, PA 18914			
STATE LICENSE NUMBER: 10581500					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
S 033A	<p>This report is the result of a State licensure survey conducted on March 24, 2023, at CHOP Bucks Specialty Care and Ambulatory Surgery Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p>	S 033A			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 033A	Continued from page 1 553.3 (1) Governing Body Responsibilities 553.3 Governing Body responsibilities include: (1) Conforming to all applicable Federal, State, and local laws. This REGULATION is not met as evidenced by:	S 033A	Immediate corrective action will include review of existing minutes from March 2022-March 2023 and revise to include documentation that all safety events are investigated, evaluated, with recommendations made to eliminate future serious events. The ASF patient safety officer will ensure that all safety events are investigated, evaluated, with recommendations made to eliminate future serious events and incidents and all safety events will be reviewed at the quarterly Bucks ASF patient safety committee meeting and documented in the patient safety committee minutes beginning May 15, 2023. To prevent further occurrences and to ensure all elements of the standard are met and documented in the minutes, a minute's template has been created to provide guidance for documentation of discussion. The Nurse Administrator will monitor the corrective action through audit of the quarterly patient safety minutes monthly to	Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023

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S 033A	Continued from page 2	S 033A	<p>ensure completeness for four consecutive periods of 100% compliance. The Nurse Administrator will audit the May 15th minutes for completion. The results of the auditing will be presented to the ASF Steering Committee on by May 23, 2023. The Bucks ASF patient safety data and analysis will be reported quarterly to the Governing Body. The report will be expanded and submitted to the Board to include type of serious events and incidents and recommendations to eliminate future serious events and incidents. To prevent further occurrences and to ensure all reports are sent to the Governing Body with the appropriate information, The Nurse Administrator created an ASF Meeting Documentation Matrix to document all meeting dates and minute completions to ensure required documents are available at the time of survey. The plan of correction will be completed May 23, 2023. The Bucks ASF Nurse Administrator</p>		

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S 033A	Continued from page 3	S 033A	is accountable for this Plan of Correction.		

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S 033A	<p>Continued from page 4</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to conform to applicable state laws.</p> <p>CHOP Bucks Specialty Care and Ambulatory Surgery Center was not in compliance with the following State Law:</p> <p>Act 13 of 2002 Medical Care Availability and Reduction of Error (MCARE) Act, Chapter 3. Patient Safety ... Section 309. Patient safety officer. A patient safety officer of a medical facility shall do all of the following ... (2) Ensure the investigation of all reports of serious events and incidents ... (4) Report to the patient safety committee regarding any action taken to promote patient safety as a result of investigations commenced pursuant to this section ... Section 310. Patient safety committee ... b) Responsibilities. A patient safety committee of a medical facility shall do all of the following ... (2) Evaluate investigations and actions of the patient</p>	S 033A			

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S 033A	<p>Continued from page 5</p> <p>safety officer on all reports. (3) Review and evaluate the quality of patient safety measures utilized by the medical facility ... (4) Make recommendations to eliminate future serious events and incidents.</p> <p>This is not met as evidenced by:</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the patient safety officer and patient safety committee failed to review, investigate, evaluate, and make recommendations to eliminate future serious events and incidents.</p> <p>Findings include:</p> <p>Review on March 24, 2023, of facility document "Children's Hospital of Philadelphia, Patient Safety Plan, FY2023, 1.The Children's Hospital of Philadelphia, 2.The Children's Hospital of Philadelphia Ambulatory Surgery Center at Bucks County, 3.The Children,s Hospital of Philadelphia Ambulatory Surgery Center at Brandywine Valley,</p>	S 033A			

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S 033A	Continued from page 6 4. The Children's Hospital of Philadelphia Ambulatory Surgery Center at King of Prussia." revealed "The Children's Hospital of Philadelphia's ... C. Patient Safety Officer ... 1.Ensures investigation of reports of serious events and incidents. 2.Takes action as deemed immediately necessary to ensure patient safety as a result of any investigation. 3.Reports to the Patient Safety Committee regarding actions taken to promote patient safety as a result of investigations of Serious Safety Events ..." 1.Review on March 24, 2023, of facility document "Bucks County ASF (ambulatory surgical facility) Patient Safety Committee" dated June 22, 2021[sic], revealed "... Summary of safety-related incidents MAR-APR-MAY- Cancellations day of surgery-18 events, Patient Falls-1 event, Incidents-2 returned to OR. Further review revealed no documentation the safety events were investigated, evaluated, with recommendations made to eliminate future serious events and incidents by the patient	S 033A			

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S 033A	Continued from page 7 safety officer or the patient safety committee. 2. Review on March 24, 2023, of facility document "Bucks County ASF (ambulatory surgical facility) Patient Safety Committee" dated September 26, 2021[sic], revealed "... Summary of safety-related incidents June-July-August- IV (intravenous)/Vascular Access-Low grade PIV (peripheral intravenous) infiltrate-2 [events], Cancellations day of surgery-6 events, Incidents-2 returned to OR. Further review revealed no documentation the safety events were investigated, evaluated, with recommendations made to eliminate future serious events and incidents by the patient safety officer or the patient safety committee. 3. Review on March 24, 2023, of facility document "Bucks County ASF (ambulatory surgical facility) Patient Safety Committee" dated December 19, 2021[sic], revealed "... Summary of safety-related incidents, Equipment/Medical Device Issues-1 (pipe leaking). Further review revealed no documentation the safety events were investigated, evaluated, with	S 033A			

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S 033A	<p>Continued from page 8</p> <p>recommendations made to eliminate future serious events and incidents by the patient safety officer or the patient safety committee.</p> <p>Interview on March 31, 2023, with EMP1 at approximately 9:30 AM confirmed there was no documentation the patient safety officer investigated, evaluated, and made recommendations to eliminate future serious events and incidents and no documentation the patient safety committee investigated, evaluated, and made recommendations to eliminate future serious events and incidents. Continues interview confirmed the dates on the meeting minutes were not corrected to 2022, and information reported was accurate.</p> <p>_____</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to conform to applicable state laws.</p> <p>CHOP Bucks Specialty Care and Ambulatory Surgery Center was not in compliance with the</p>	S 033A			

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S 033A	<p>Continued from page 9</p> <p>following State Law:</p> <p>Act 13 of 2002 Medical Care Availability and Reduction of Error (MCARE) Act, Chapter 3. Patient Safety ... Section 310. Patient safety committee ... 5) Report to the administrative officer and governing body of the medical facility on a quarterly basis regarding the number of serious events and incidents and its recommendations to eliminate future serious events and incidents.</p> <p>Findings include:</p> <p>Based on review of facility documents and interview with staff (EMP) it was determined the patient safety committee failed to report to the governing body for 3 of 4 quarters. (Q1, Q3, Q4)</p> <p>Review on March 24, 2023, of facility document "Children's Hospital of Philadelphia, Patient Safety Plan, FY2023, 1.The Children's Hospital of Philadelphia, 2.The Children's Hospital of Philadelphia Ambulatory Surgery Center at Bucks County, 3.The Children's Hospital of Philadelphia</p>	S 033A			

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S 033A	Continued from page 10 Ambulatory Surgery Center at Brandywine Valley, 4. The Children's Hospital of Philadelphia Ambulatory Surgery Center at King of Prussia." revealed "The Children's Hospital of Philadelphia's ... Patient Safety Committee ... 5. Report to the administrative officer and governing body of the hospital on a quarterly basis regarding the number of serious events and incidents and its recommendations to eliminate future serious events and incidents ..." Review on March 24, 2023, of the facility's governing body meeting minutes revealed the patient safety committee did not report the number of serious events and incidents with recommendations for Q1, Q3 and Q4. Interview on March 31, 2023, at approximately 9:36 AM with EMP1, confirmed the patient safety committee reports to the governing body once a year.	S 033A			

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S 033F	Continued from page 12 553.3 (6) Governing Body Responsibilities Governing Body responsibilities include: (6) Adopting policies or procedures necessary for the orderly conduct of the ASF. This REGULATION is not met as evidenced by:	S 033F	Tag 033F (Annual Approval of the IPC Plan & Policies) Other: How will the facility ensure the naming of the policies inaccurately does not recur after the monitoring is completed? Projected dates when corrective action will be completed are too far in the future. The immediate correction: The Infection Control Plan was reviewed and approved at the Bucks ASF Quarterly Infection Control meeting on March 29, 2023. It was approved by the committee and is documented in the minutes. To prevent further occurrences and to ensure annual approval of the Infection Control Plan, the Nurse Administrator created an ASF Meeting Documentation Matrix to document all meeting dates and minute completions to ensure required documents are available at the time of survey. Annually, there will be a space for the Infection Control Plan Approval to be notated. To monitor performance of the plan, The Nurse Administrator will review the minutes from the March 29th	Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023	

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S 033F	Continued from page 13	S 033F	<p>meeting to ensure documentation of the plan approval is included. The results of the review will be presented to the ASC Steering Committee by May 23, 2023. The plan of correction was completed on May 23, 2023. The Bucks ASF Nurse Administrator is accountable for this Plan of Correction.</p> <p>553.3 (6) Governing Body Responsibilities S 033F Governing Body responsibilities include: (6) Adopting policies or procedures necessary for the orderly conduct of the ASF. Action: The definition of CHOP Enterprise-wide is now expanded to include any separately licensed Ambulatory Surgical Facilities. CHOP Enterprise-wide Policies and Procedures that apply to the Bucks Ambulatory Surgery Facility will be renamed to display the name of the facility in the applicable location by May 23, 2023. To prevent further occurrences: When enterprise policies are</p>		

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S 033F	Continued from page 14	S 033F	presented to the Clinical Care Committee for review and approval, the committee will ensure appropriate locations are identified, including the Ambulatory Surgical Facility. When a policy is written or updated, the Nurse Administrator for the Bucks ASF will review the policy to ensure it is appropriately named for the facility. The Nurse Administrator will audit 10 policies per week for four weeks of 100% compliance to ensure policies contain accurate facility naming convention. The plan of correction will be completed on May 23, 2023. The Bucks ASF Nurse Administrator is accountable for this Plan of Correction.		

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S 033F	<p>Continued from page 15</p> <p>Based on review of facility documents and interview with staff (EMP) it was determined the facility failed to follow established policy to perform annual reviews of the Infection Control Policy.</p> <p>Findings include:</p> <p>Review on March 24, 2023, of "Children's Hospital of Philadelphia Ambulatory Surgery Center at Bucks County Infection Prevention and Control Plan" effective April 30, 2020, revealed "... This plan is reviewed, revised (if necessary) and approved annually by the ASC (Ambulatory Surgery Center) IPC (Infection Prevention and Control) Committee ..."</p> <p>A request was made on March 24, 2023, to EMP1 for the current Infection Prevention and Control Plan approval date. None provided.</p> <p>Interview on March 24, 2023, at approximately 01:50 PM with EMP1 confirmed Infection Prevention and Control Plan was last approved in 2020.</p> <p>_____</p> <p>Based on review of facility documents and interview with staff (EMP) it was determined the facility failed</p>	S 033F			

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S 033F	Continued from page 16 to ensure policies and procedures were developed for the ambulatory surgery center known as CHOP Bucks Specialty Care and Ambulatory Surgery Center. Findings include: Review on March 24, 2023, of facility document "Bylaws of The Children's Hospital of Philadelphia" amended July 1, 2021, revealed "... the Board shall oversee the specific healthcare facilities operated by the Hospital, including, without limitation the facilities of ... the ambulatory surgical facilities operated by the Hospital in Chalfont, PA ..." Review on March 24, 2023, of facility policies "Clinical Documentation Guidelines for Patient Health Records, effective January 24, 2022; Consent for Care in Pennsylvania, effective January 18, 2023; Informed Consent, effective October 27, 2022; Patient Health Records, effective February 21, 2023; Clinical Documentation Guidelines for Patient Health Care Records, effective January 24, 2022; Consent for Care in Pennsylvania, effective	S 033F			

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NAME OF PROVIDER OR SUPPLIER: CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 WEST BUTLER AVENUE CHALFONT, PA 18914		
STATE LICENSE NUMBER: 10581500					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 033F	Continued from page 17 January 18, 2023," revealed the above policies were identified as "Children's Hospital of Philadelphia ... CHOP Enterprise-wide ..." Further review revealed the policies and procedures were not specific to the ASF known as CHOP Bucks Specialty Care and Ambulatory Surgery Center. Interview on March 31, 2023, with EMP1 confirmed the above policies were not identified as policies for the surgery center known as CHOP Bucks Specialty Care and Ambulatory Surgery Center.	S 033F			
S 5710		S 5710			

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S 5710	Continued from page 18 557.1 CHAPTER 557 - QA & IMPROVEMENT - Policy 557.1 Policy The ASF, with active participation of the medical and nursing staff, shall conduct an ongoing quality assurance and improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care and resolve identified problems. This REGULATION is not met as evidenced by:	S 5710	Action: The Bucks ASF reported to the December Q4 QAPI Committee meeting on December 19, 2022. The minutes from the Q4 2022 QAPI meeting were confirmed to be in place but not available during the survey. The Nurse Administrator obtained the minutes and saved them in the files at the ASF. The Nurse Administrator will retain a copy of the future QAPI minutes, meeting, and document in the matrix for completion. To prevent future occurrence: An ASF Meeting Documentation Matrix was created to document all meeting dates and minute completions to ensure required documents are available at the time of survey. Monitor: The Nurse Administrator will monitor the ASF Meeting Documentation Matrix quarterly to ensure it is accurate. The plan of correction will be completed May 23, 2023. The Bucks ASF Nurse Administrator is accountable to this Plan of Correction.	Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023	

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S 5710	<p>Continued from page 19</p> <p>Based on review of facility documents and interview with staff (EMP), it was determined the quality improvement committee failed to meet quarterly. (Q4 of 2022)</p> <p>Findings include:</p> <p>Review on March 24, 2023, of facility document "Children's Hospital of Philadelphia Ambulatory Surgery Center Bucks, Pennsylvania Quality Assessment/Performance Improvement Plan 2023," revealed "... Data from QI monitoring is analyzed by management and reported to the Hospital Quality Improvement Committee quarterly ..."</p> <p>Review on March 24, 2023, of facility's Quality Assessment/Performance Improvement meetings revealed no documentation a meeting was conducted for Q4 of 2022.</p> <p>In an interview conducted on March 24, 2023, at 09:30 AM, EMP1 confirmed there was no documentation provided for Q4 2022 Quality</p>	S 5710			

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S 5710	Continued from page 20	S 5710			
S 574A	<p>Assessment/Performance Improvement meeting minutes.</p> <p>557.4 (a)(1-4) Quality Assurance & Improvement Committee</p> <p>557.4 Quality Assurance & Improvement Committee</p> <p>(a) The committee shall consist of the following:</p> <ul style="list-style-type: none"> (1) A practitioner who is not an owner, (2) A representative of administration, (3) A registered nurse, (4) Other health care personnel, as appropriate. <p>This REGULATION is not met as evidenced by:</p>	S 574A	<p>Action: The Bucks ASF QAPI Plan was revised to include the required committee members per regulation § 557.4. The Nurse Administrator will present the revised QAPI Plan to the Patient Safety Committee on May 15, 2023. Approval will be noted in the Patient Safety minutes with documentation of revised plan, minutes, and document in the matrix for completion.</p> <p>Prevent future occurrence and monitoring: During annual review of the QAPI Plan, the Nurse Administrator will ensure it contains all required elements of a Quality Improvement Plan which includes required committee members. The plan of correction will be completed on May 23, 2023</p> <p>The Bucks ASF Nurse Administrator is accountable to this Plan of Correction.</p>	<p>Completion Date: 05/23/2023</p> <p>Status: APPROVED</p> <p>Date: 05/02/2023</p>	

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S 574A	Continued from page 21 Based on review of facility documents and interview with staff (EMP) it was determined the facility failed to identify the required members for the Quality Improvement Committee. Findings Include: Review on March 24, 2023, of "Children's Hospital of Philadelphia Ambulatory Surgery Center Bucks, Pennsylvania Quality Assessment/Performance Improvement Plan 2023" revealed no documentation for the required members of the committee. Interview on March 24, 2023, at approximately 1:43 PM with EMP1 confirmed the Quality Improvement Plan did not state the required members for the committee.	S 574A			
S 6310		S 6310			

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S 6310	Continued from page 22 563.1 CHAPTER 563 - MEDICAL RECORDS - Principle 563.1 Principle The ASF shall maintain complete, comprehensive and accurate medical records for every patient to ensure adequate patient care. This REGULATION is not met as evidenced by:	S 6310	Action: An electronic addendum has been developed to accompany electronic form: Consent to Operate, Diagnostic Procedure and Medical Treatment and will be implemented at the Bucks ASF on May 23, 2023. The addendum will identify the location of surgery as Bucks Ambulatory Surgery Center. The addendum will be signed upon registration prior to surgery. Nursing and registration staff at Bucks ASF will be educated on the new form by May 23, 2013. To prevent future occurrence: The Hospital Forms Committee will ensure all future forms applicable to the Ambulatory Surgical Facility are identified with the facility name on all future forms. The Nurse Administrator will review all new forms implemented at the facility to ensure they are accurately named for the facility prior to implementation. Monitoring: The Bucks ASF Nurse Administrator or Designee will audit 10 charts weekly to ensure all charts have appropriate consent and addendum for four consecutive	Completion Date: 05/23/2023 Status: APPROVED Date: 05/02/2023	

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S 6310	Continued from page 23	S 6310	<p>weeks of 100% compliance. The results of the auditing will be presented to the ASC Steering Committee.</p> <p>The plan of correction will be completed on May 23, 2023</p> <p>The Bucks ASF Nurse Administrator is accountable to this Plan of Correction.</p>		

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S 6310	<p>Continued from page 24</p> <p>Based on review of facility policy and procedure, review of medical records (MR) and interview with staff (EMP), it was determined CHOP Bucks Specialty Care and Ambulatory Surgery Center failed to ensure medical records were accurate and constructed to stand alone and be easily identified as the ambulatory surgical facility (ASF) record for 10 of 10 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9 and MR10).</p> <p>Findings include:</p> <p>Review on March 24, 2023, of facility policy "Medical Record Requirements Prior to Surgery," effective March 9, 2021, revealed "A patient who is having a procedure at an Ambulatory Surgery Center will have a complete medical record that reflects the patient's health status and contains necessary legal and medical information ..."</p> <p>Review on March 24, 2023, of MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9 and MR10</p>	S 6310			

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S 6310	<p>Continued from page 25</p> <p>revealed the patients presented to the surgery center for a surgical procedure between December 14, 2022, thru February 20, 2023. Further review revealed each medical record had an informed consent document titled "Children's Hospital of Philadelphia, Consent to Operation, Diagnostic Procedure and Medical Treatment." Continued review of the consent form revealed "... 7. I consent to the medical procedures described above being performed at one of the facilities (names of 3 hospitals and 3 specialty surgery centers). Continued review revealed there was no documentation identifying which of the 6 listed facilities the surgery would be performed.</p> <p>Interview on March 24, 2023, at 11:00 AM, with EMP1 confirmed that the surgical consent forms did not identify CHOP Bucks Specialty Care and Ambulatory Surgery Center as the location that performed the surgical procedures for MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9 and MR10.</p>	S 6310			



Certified End Page

CHOP BUCKS SPECIALTY CARE AND AMBULATORY SURGERY CENTER

STATE LICENSE NUMBER: 10581500

SURVEY EXIT DATE: 03/24/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY